Revision: HCFA-PM- 91-10 (MB)

DECEMBER 1991

State/Territory:

Colorado

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 Utilization/Quality Control

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. requirements of 42 CFR Part 456 are met:

Directly _X___

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--
 - (1) Meets the requirements of §434.6(a);
 - Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
- Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designed under 42 CFR Part 462.
- By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509

(section 9431)

TN No. 92-15 Supersedes TN No. 89-6

Approval Date 4/22/92 Effective Date 1/1/92

anution.

Revision:	HCFA-PK-85-3	(BERC)			
MAY 1985	State:				
		OMB NO. 0938-0193			
<u>Citation</u> 42 CFR 456 50 FR 1533		(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.			
		Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.			
e.		// Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:			
		// All hospitals (other than mental hospitals).			

/// No waivers have been granted.

// Those specified in the waiver.

Bupersedes
TW No. 76-1

Approval Date 11/13/86 Effective Date 7/1/86

HCFA ID: 0048P/0002P

Revision: JULY 1985	HCFA-PM-85-7	(BERC)		омв	NO.:	0938-0193
20Ft 7482	State/Territory:	COLORADO				-
<u>Citation</u> 42 CFR 456 50 FR 153		of of	e Medicaid agency meets the 42 CFR Part 456, Subpart i utilization of inpatient s spitals.), fo	or con	trol
		<u>/X</u> .	Utilization and medical aperformed by a Utilization Control Peer Review Organ under 42 CFR Part 462 the with the agency to perform	on ar nizat at ha	nd Qua ion do	esignated ontract
			Utilization review is per accordance with 42 CFR Pa that specifies the condit of the requirements of Su	ert 4	56, St of a	waiver
			// All mental hospitals.	•		
			// Those specified in th)e wa	iver.	
			Ho waivers have been gran	ited.		
		/ Not	applicable. Inpatient se	rvio	es in	mental

TN No. 86-7 Supersedes TN No. 76-/

Approval Date 5/16/86 Effective Date 1/1/86

hospitals are not provided under this plan.

HCFA ID: 0048P/0002P

Revision: MAY 1985	HCFA-PH-85-3	(BERC)	• ;eī
	State:		OMB WO. 0938-0193
Citation 42 CFR 456 50 FR 1531		(d) The Medicaid agency meets to 42 CFR Part 456, Subpart E, utilization of skilled nurs services.	for the control of
		Utilization and medical performed by a Utilizat Control Peer Review Orgunder 42 CFR Part 462 twith the agency to perf	ion and Quality anization designate that has a contract
		// Utilization review is p accordance with 42 CFR that specifies the cond of the requirements of	Part 456, Subpart H Litions of a waiver
		// All skilled nursing	facilities.
:		// Those specified in	the waiver.
		// No waivers have been gr	anted.

36-14

TH No. 26-/

Approval Date 1///3/86 Effective Date 7/1/

HCFA ID: 0048P/0002P

Revision:

HCFA-PM-85-3

(BERC)

MAY 1985

State

Colorad

OMB NO. 0938-0193

<u>Citation</u> 42 CFR 456.2 50 FR 15312

- 4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:
 - Facility-based review.
 - // Direct review by personnel of the medical assistance unit of the State agency.
 - // Personnel under contract to the medical assistance unit of the State agency.
 - /X/ Utilization and Quality Control Peer Review Organizations.
 - // Another method as described in ATTACHMENT 4.14-A.
 - // Two or more of the above methods.

 ATTACHMENT 4.14-B describes the circumstances under which each method is used.
 - // Not applicable. Intermediate care facility services are not provided under this plan.

IN No. 86-14-Supersedes Th No. 82-6

Approval Date 11/13/86 Effective Date 7/1/86

Revision:	HCFA-PM- 91-10	O (MB)
DE	CEMBER 1991	

State/Territory:

Colorado

Citation

Military.

4.14 Utilization/Quality Control (Continued)

1902(a)(30) and 1902(d) of the Act, P.L. 99-509 (Section 9431) P.L. 99-203 (section 4113)

- The Medicaid agency meets the requirements of section 1902(a)(30) of section 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:
 - A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
 - A private accreditation body.
 - An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. Supersedes TN No. 87-12

Approval Date 4 229 Effective Date 1/1/92